



- MUST USE MOST **CURRENT** FORM
- **PRINT** CLEARLY IN BLACK INK
- MAKE SURE ENTIRE CIRCLE IS **FILLED**

EXAMPLE:

Yes ☒ No ☐

## Application Fee Exemption Form – Armed Services

### Fee Exemption

Pursuant to Texas Occupations Code, Chapter 55 and by authority of the Private Security Board, this form may waive the application fee for individual registrations.

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

Applicant Last Name	Applicant First Name	M.I.	Suffix (If Any)
Date of Birth (MM/DD/YYYY)	Gender: Male <input type="radio"/> Female <input type="radio"/>		
Social Security Number			

COMPLETE EITHER PART I., PART II. OR PART III.

### PART I. ACTIVE DUTY MILITARY SERVICE MEMBER ONLY

I certify I am a full-time military service member in the armed forces of the United States or active duty military service as a member of the Texas military forces, as defined by Texas Government Code §437.001, or similar military service of another state. I am including a copy of my active military ID card (*front only*) and a copy of my current orders with this form. (*Copy of military ID card is for OFFICIAL USE ONLY*)

Yes ☐  
No ☐

### PART II. MILITARY VETERAN

I certify that I have served on active duty and was discharged or released from active duty. I am including a copy of my DD-214 (*Member Copy 4*) with this form.

Yes ☐  
No ☐

### PART III. ACTIVE MILITARY SPOUSE (SELECT ONE)

I certify I am married to an active duty military service member. I am submitting a copy of my active dependent military ID card (*front only*) and my spouse's current military orders. Within the five years preceding this application, I have held a private security registration in Texas.

Yes ☐  
No ☐

I certify I am married to an active duty military service member. I am submitting a copy of my active dependent military ID card (*front only*) and my spouse's current military orders. I hold a current license issued by another jurisdiction that has licensing requirements that are substantially equivalent to the requirements for registration in Texas; I am including a copy of this license.

Yes ☐  
No ☐

I verify the information provided is true and correct, and I understand this is an official Government record and any false statement made on this document or any other supplement provided to DPS may result in criminal prosecution.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This form and attachments can be faxed to (512) 424-7726 or (512) 424-7727 or forwarded by mail to:

**Texas Department of Public Safety  
Private Security MSC 0242  
P.O. Box 4087  
Austin, Texas 78773-0001**